PTO/SB/22 (12-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are require	d to respond to	a collection of	information unless if dis	plays a valid OMB control number.				
ADDITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)					
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			47940					
Application Number 10/517,197			Filed December 8, 2004					
For USE OF ALKYLAMIDOMANDELATES AS FLAVO	URINGS							
Art Unit 1621			xaminer S. Kuma	ar				
This is a request under the provisions of 37 CFR 1.136(a application.	a) to extend	the period	for filing a reply in t	he above identified				
The requested extension and fee are as follows (check t	ime period o	desired and	enter the appropri	ate fee below):				
	<u>Fee</u>		Small Entity Fee					
One month (37 CFR 1.17(a)(1))	\$120		\$60	\$				
Two months (37 CFR 1.17(a)(2))	\$450		\$225	\$_450.00				
Three months (37 CFR 1.17(a)(3))	\$1020		\$510	\$				
Four months (37 CFR 1.17(a)(4))	\$1590		\$795	\$				
Five months (37 CFR 1.17(a)(5))	\$2160		\$1080	\$				
Applicant claims small entity status. See 37 CFR 1.	.27.	02/15/200	6 SZEWDIE1 00000	041 10517197				
A check in the amount of the fee is enclosed.		01 FC:125	2	450.00 OP				
Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to c	harge fees	in this ap	plication to a Dep	posit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-2220 . I have enclosed a duplicate copy of this sheet.								
WARNING: Information on this form may become put Provide credit card information and authorization on		ard informat	ion should not be i	ncluded on this form.				
	i							
I am the applicant/inventor.								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).								
attorney or agent of record. Re	gistration N	lumber <u>3</u>	2,023					
attorney or agent under 37 CFF Registration number if acting under	R 1.34. r 37 CFR 1.34							
Therest Hans	İ		02-14-2006					
Signature			Date					
Garrett V. Davis	}		(202) 659-	9076				
Typed or printed name			Tel	ephone Number				
NOTE: Signatures of all the inventors or assignees of record of the ensignature is required, see below.	tire interest or th	heir representa	ative(s) are required. Su	bmit multiple forms if more than or				
	submitted.							

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application Number   10/517,197   Filing Date   December 8, 2004   First Named Inventor   Jakob P. LEY
FEE TRANSIVITAL Filing Date For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 600.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
FEE TRANSWILLAL Filting Date Filting Date Filting Date Filting Date Filting Date First Named Inventor Jakob P. LEY Examiner Name S. Kumar Art Unit 1621 Attorney Docket No. 47940  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 600.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 18-2220  Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 600.00  Attorney Docket No. 47940  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 18-2220  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 600.00  Attorney Docket No. 47940  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 18-2220  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
TOTAL AMOUNT OF PAYMENT (\$) 600.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
METHOD OF PAYMENT (check all that apply)  ✓ Check Credit Card Money Order None Other (please identify):  ✓ Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
Deposit Account Deposit Account Number: 18-2220  Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES
1. BASIC FILING, SEARCH, AND EXAMINATION FEES
· · ·
FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Small Entity Small Entity
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)
Utility 300 150 500 250 200 100
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims  Small En Fee (\$) Fee (\$) 25 25 26 27 28 29 30 30 30 30
Total Claims
23 - 20 or HP = 3 x 50.00 = 150.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20
Indep. Claims
HP = highest number of independent claims paid for, if greater than 3
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entire for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x =
4. OTHER FEE(S)  Fees Paid ( Non-English Specification, \$130 fee (no small entity discount)
Other: Two-month extension of time

1	SUBMITTED BY	UBMITTED BY				
I	Signature	vanel & me	Registration No. 32,023 (Attorney/Agent)	Telephone (202) 659-9076		
	Name (Print/Type)			Date 02-14-2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.